

For Office Use Only
 Grievance # 2, 10
 Coordinator's Initials hsc
 Date Received 1/7/10

Columbia Regional Care Center
 Patient Grievance Form
 STEP 1

INSTRUCTIONS (Failure to meet these guidelines will cause the grievance form to be returned to you.):

- A grievance form is submitted only when you believe one of your legal rights has been violated.
- The grievance must be filed within five days of any incident that you are citing.
- Only one grievance may be placed on each form.
- No vulgarity, profanity or abusive language may be used.
- You must state the result that you want to have occur to resolve the matter.

Patient Name Candy Arget CRCC # 3697 Unit 4

Legal Right You Believe Has Been Violated: My right to safety & security

State Grievance (including date of incident): On 1-4-10, I was punched, scratched &

bitten by Lucretia Felder. I was threatened several times by her
before this occurred, which officers and Captain Cummings were all aware
of, but nothing was done about it. On this day, she attacked me
from behind. I am now fearful for my life, as she told the officer

that worked yesterday that she was going to attack me again, along with
my roommate (Delores Daniels).

Action Requested: I want the medical patients (such as myself) to be separated
from the severe mental health (such as Felder). Also, I want charges
pressed against her and pictures taken of the marks left on me from
this assault. And, I would like copies of the pictures taken.

Patient
 Signature Candy Arget Date 1-6-10

Assigned to Mrs. McClesse / on McFadden

Resolution: Patient states that she would prefer protective custody to
being in the same area as patient Felder. And she wishes to continue
with pressing charges against her.

☒ I agree with the above solution.

☐ I disagree with the above solution and want this grievance referred to the Grievance Committee.

Patient

Staff Member

Signature ** Candy Arget Date 1-8-10 Signature Alfred [illegible] Date 1-8-10

** Your signature means that you have received the form. It does not imply that you agree with the results of the grievance process.

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Grievance # 60-10Coordinator's Initials RDate Received 1/4/2011**Columbia Regional Care Center
Patient Formal Grievance Form****GeoCare****Stage 1**A grievance form is submitted only after all informal methods of resolution have been attempted.

- Right you believe has been violated
 - The grievance must be filed within five days of any incident that you are citing.
 - Only one grievance may be placed on each form. Vulgarity and profane language will result in rejection of grievance.
- This is NOT a complaint form. Complaints are addressed on a Patient Communication form.*

RECEIVED
1/4/2011Patient Name Candy Argot CRCC # 3692 Unit 4Right you believe has been violated: Being assaulted by another inmate

State grievance and date of incident:

On 12-30-10 at approx. 6:10pm Emerald Miller and Brandi Thompson
came in my room and severely assaulted me, even after the
officers and Sgt. walked into my room, they continued to assault me.

Outcome Expected: Since my protection is not guaranteed in here, I
would like to be sent somewhere that it is. I would also like for
Emerald Miller and Brandi Thompson to be permanently assigned to
another floor, or myself.

Patient

Signature Pandy ArgotDate 12-30-10

Your signature means only that you have submitted a formal grievance.

(Admin. Use Only)

CPT ROSESupervisor assignment: Cheryl McClell, MRS CummingsResolution: PATIENT ARGOT WAS MOVED TO UNIT 7

I agree with the above resolution.

☐ I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the
 Grievance Administrator.

Patient

Signature Pandy ArgotDate 1-10-11

Assigned Staff Supervisor

Signature FrederickDate 01/10/11

(Stage 2 Resolution on reverse side)

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Grievance # 61.0Coordinator's Initials Dr. SDate Received 1/4/2011**Columbia Regional Care Center
Patient Formal Grievance Form****GEO**
Care**Stage 1**A grievance form is submitted only after all informal methods of resolution have been attempted.

- Right you believe has been violated
 - The grievance must be filed within five days of any incident that you are citing.
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RECEIVED
1/4/2011Patient Name Candy Argot CRCC # 3697 Unit 4Right you believe has been violated: Force medicating me without a court order

State grievance and date of incident:

On 12-26-10, the nurse came in my room and wake me up to check my sugar. She said it was high and came back to give me some insulin. She said she was giving me 15u Nardog and I asked her why she wasn't giving me the 18u withit, but she said it wasn't time for it, because I just ate lunch. I told her that I didn't want it and she had the officers' Outcome Expected: hold me down and even after Catherine came in they still didn't let me (lover) I want to get out of here TODAY, because every time this happens, they tell me that it won't happen again, but it always does. If I cannot get out of here, then I want everyone that was involved with this to be terminated from their job.

Patient

Signature Candy ArgotDate 12-26-10

Your signature means only that you have submitted a formal grievance.

(Admin. Use Only)

Supervisor assignment: Jac Lane CALO

Resolution: Ms. Catherine Adumaah, RN, no longer works on this unit. The treatment ^{team} is considering Ms. Argot's request to move. Ms. Robin Mickens, MSW, will see Ms. Argot today.



I agree with the above resolution.

I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the Grievance Administrator.

Patient

Signature Candy ArgotDate 1-6-11

Assigned Staff Supervisor

Signature Jac LaneDate 1/6/11

(Stage 2 Resolution on reverse side)

For Office Use Only
 Grievance # 17-10
 Coordinator's Initials AS
 Date Received 4/9/20

Columbia Care Center
 Patient Grievance Form
 STEP 1

RECEIVED
 4.9.2010

INSTRUCTIONS (Failure to meet these guidelines will cause the grievance form to be returned to you.):

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~~No vulgarity, profanity or abusive language may be used.~~

~~You must state the result that you want to have occur to resolve the matter.~~

Patient Name Carly Hight CCC # 3697 Unit 4

Legal Right You Believe Has Been Violated: Force medicating me without a court order

State Grievance (including date of incident): On 4-8-10 at approx. 3:00am the nurse came in and said that the doctor wanted her to give me 15u of Regular insulin. I told her that I didn't want it, because the last time I took Regular insulin, it made my sugar drop. She then came back with 4 officers and held me down and gave me the insulin. Earlier the officer came in later

Action Requested: I have the right to refuse any medical treatment and I would like this honored in here. I am competent to make my own decisions as to what insulin I need, as I don't need and I am requesting to be able to do so, as

Patient Signature Carly Hight I've diabetes for 20 years now. Date 4-8-10

Assigned to Dr. McFadden

Resolution: CREE Staff will not require you to take medication. If you refuse meds, your refusal

will be honored

☒ I agree with the above solution.

☐ I disagree with the above solution and want this grievance referred to the Grievance Committee.

Patient

Signature ** Carly Hight

Date 4-13-10

Staff Member

Signature [Signature]

Date 4/13/10

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For Office Use Only

Grievance # 15.10Coordinator's Initials AWDate Received 4/5/10Columbia Care Center
Patient Grievance Form
STEP 1

INSTRUCTIONS (Failure to meet these guidelines will cause the grievance form to be returned to you.):

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- You must state the result that you want to have occur to resolve the matter.

Patient Name Candy Aight CCC# 3697 Unit 4Legal Right You Believe Has Been Violated: Violating my medical rights.State Grievance (including date of incident): On 4-3-10, Ms. Mills (the RN) was working on the 4th floor. She came in my room and left the accu-check machine, along with lancets and insulin, and told me and my roommate to check our sugars and for me to take the insulin. My blood sugar read 411, so I took the remaining 10 units that was left in the flex pen. She came back with an insulin syringe and

told me that she wanted me to take 15 more units of regular insulin, even though there was no doctors order saying to do so. I told her that there was no doctors (on back) Action Requested: I am requesting that Ms. Mills not be allowed to work the 4th floor any more, and that the doctor is called whenever my blood sugar is over 400.

(over)

Patient

Signature Candy AightDate 4-3-10Assigned to Dr. McFadden 4/6/10Resolution: Your NP + MD were called regarding this issue.

The nurse was awaiting a call back from them when she was discussing insulin dosage with you. I have spoken with her about the problems and your concerns

☒ I agree with the above solution.☐ I disagree with the above solution and want this grievance referred to the Grievance Committee.

Patient

Signature ** Candy AightDate 4-7-10

Staff Member

Signature Karen Dole RNDate 4-7-10

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For Office Use Only

Grievance # 51.10Coordinator's Initials [Signature]Date Received 11/1/10Columbia Regional Care Center
Patient Formal Grievance FormGEO
Care

Stage 1

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Patient Name Candy Argot CRCC # 3692 Unit 4RECEIVED
11/1Right you believe has been violated: My right to proper medical care

State grievance and date of incident:

I am supposed to have the bandage on my finger changed 3 times a day, but they have not been doing it. My finger is the way that it is, due to not having proper medical care in the first place.

Outcome Expected: Since I am not being properly cared for here, I am requesting to be released from here, to where I can get the proper care that I need.

Patient

Signature Candy Argot Date 10-30-10

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(Admin. Use Only)

Supervisor assignment: _____

Resolution: Documentation in the patient record indicate that the dressing change was completed in October

I agree with the above resolution.

☒ I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the Grievance Administrator.

Patient

Signature Candy ArgotDate 12-17-10

Assigned Staff Supervisor

Signature [Signature]Date 12/3/10

(Stage 2 Resolution on reverse side)

For Office Use Only

Grievance # 54.10Coordinator's Initials Phy 18Date Received 11/15Columbia Regional Care Center
Patient Formal Grievance Form

Stage 1

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Patient Name CANDY PASOT CRCC # 3672 Unit 4RECEIVED
11/15Right you believe has been violated: med treatment

State grievance and date of incident:

INCONSISTENT MED TREATMENT, TUGS & R
NOT CHANGED (DRESSING) EVERY 6 HRS.

Outcome Expected:

DRESSING CHANGED

Patient

Signature Candy Pasot Date 11/15

Your signature means only that you have submitted a formal grievance.

(Admin. Use Only)

Supervisor assignment: _____

Resolution: _____



I agree with the above resolution.

____ I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the
Grievance Administrator.

Patient

Signature Candy Pasot Date 11/15

Assigned Staff Supervisor

Signature _____ Date _____

(Stage 2 Resolution on reverse side)